



National Graduate Office for the Health Sciences
UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center

3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St., Ermita,
 Manila 1000 Philippines

Tel: (02-88141-247 • 02-88141-248 • Email: upm-ngohs@up.edu.ph

Website: ngohs.upm.edu.ph



REQUEST FOR EXTENSION OF MAXIMUM RESIDENCY

MRR Extension Application for 1st Sem 2nd Sem Short Term (Summer)

STUDENT NUMBER:	NAME OF STUDENT:	LANDLINE NO.:
COLLEGE:	PROGRAM:	MOBILE NO.:
	YEAR ADMITTED:	E-MAIL ADDRESS:

Please submit the following attachments before filing the request:

1. Letter of request addressed to the Chancellor through proper channels citing the following:
 - a. Reason/s for extension
 - b. Progress of study
 - c. Plan of work for requested extension, expected output and date of completion of each planned activity
 - d. Explanatory endorsement of the thesis/dissertation adviser
 - e. MRR Monitoring checklist
2. True copy of grades duly signed by the College Secretary.
3. Copy of the previous approved MRR request

Note: The Office of the College Secretary shall ensure the completeness of requirements and records are updated unless otherwise indicated in the MRR Monitoring checklist.

Endorsed by Program Adviser _____ Signature over printed name Date: _____	Endorsed by Program Committee Chair _____ Signature over printed name Date: _____
Noted by: College Secretary _____ Signature over printed name Date: _____	Endorsed by Dean _____ Signature over printed name Date: _____
Action of the National Graduate Office for the Health Sciences: _____ CARL ABELARDO T. ANTONIO, MD, MPH Director, NGOHS Date: _____	Conditions for extension: <input type="checkbox"/> Must have passed enrichment course/comprehensive examination <input type="checkbox"/> Must have presented the thesis/ dissertation proposal <input type="checkbox"/> Must have defended the thesis/dissertation Action: WARNING <input type="checkbox"/> Masters/MS/MA student on his/her 6th - 8th year <input type="checkbox"/> PhD/DrPH student on his/her 8th -10th year FINAL WARNING <input type="checkbox"/> Masters/MS/MA student on his/her 9th year <input type="checkbox"/> PhD/DrPH student on his/her 11th year LAST & FINAL APPROVAL <input type="checkbox"/> Masters/MS/MA student on his/her 10th year <input type="checkbox"/> PhD/DrPH student on his/her 12th year <input type="checkbox"/> EXTENSION & ENROLLMENT DENIED Approval Recommended by: Vice Chancellor for Academic Affairs _____ BERNADETTE HEIZEL M. REYES, MD, MHPEd Date: _____
Endorsed by University Registrar _____ JEAN FLOR C. CASAUAY, RPh, MS Date: _____	Approved by The Chancellor _____ MICHAEL L. TEE, MD, MHPEd, MBA Date: _____
Conforme: _____ Student's Signature over printed name Date: _____	received by/copy for: _____ DGU-OCS _____ OUR _____ REQUESTING PARTY



NATIONAL GRADUATE OFFICE FOR THE HEALTH SCIENCES

University of the Philippines Manila

3/F Joaquin Gonzales (Old NEDA) Building
Padre Faura corner Maria Orosa Streets, Ermita, Manila 1000 Philippines
Tel nos: 526-5870, 523-1495; Telefax: 523-1498; E-mail: ngohs@post.upm.edu.ph



Name _____ Student No. _____
College _____
Semester and Academic year of first enrolment in the program _____
Number of years in the program _____
Date of last MRR request _____
Number of leave of absence applied _____
Absence without leave history _____

Criteria	Yes	No	Remarks
First time to apply for MRR extension			
Enrolled the previous semester			
Course work completed			
Passed Comprehensive examination			
Status of Thesis			
• Thesis topic approved			
• Proposal presented & approved			
• Ongoing data gathering			
• Thesis writing			
• Thesis defended and approved			
• Revision of manuscript			
Total number of enrichment course passed			

Evaluated by: _____ Date: _____



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